

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

A. LISA ROBINSON

Mailing Address 7708 S MICHIGAN AVE

City	State	Zip Code
CHICAGO	IL	60619

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SB28A_28257707

Amount of Each Disbursement this Period

5.00

Refund of contribution, initially earmarked for
DEMOCRATIC CONGRESSIONAL CAMPAIGN
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

B. LISA ROBINSON

Mailing Address 7708 S MICHIGAN AVE

City	State	Zip Code
CHICAGO	IL	60619

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SB28A_27507231

Amount of Each Disbursement this Period

5.00

Refund of contribution, initially earmarked for
DEMOCRATIC CONGRESSIONAL CAMPAIGN
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

C. LISA ROBINSON

Mailing Address 7708 S MICHIGAN AVE

City	State	Zip Code
CHICAGO	IL	60619

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SB28A_27724330

Amount of Each Disbursement this Period

10.00

Refund of contribution, initially earmarked for
DEMOCRATIC CONGRESSIONAL CAMPAIGN
COMMITTEE (C000009)**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20.00

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